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**INDEPENDENT LIVING MONTHLY VOLUNTARY SERVICES REPORT FOR THE
MONTH OF _____ 2007**

_____ Initial Report _____ Monthly update report

Initial date referral was received _____ ICWIS # _____

Date of 1st contact with youth _____

Date of 1st face to face contact with youth _____

Face to Face contact with the youth during the month: Date(s) _____

No show date(s) if applicable _____

Date initial ACLSA completed _____ Next assessment due _____

YOUTH'S DEMOGRAPHICS

_____ Information updated

Name: _____
(Last) (First) (Middle)

DOB: _____ SSN: (optional) _____

Address: _____ New address since last report? ☐ Yes ☐ No
(Street, Apartment number)

Home Phone: _____
(City, State, Zip code)

If new address, a change of address form has been completed and provided to the post office. ? ☐ Yes ☐ No

E-mail address: _____ Cell: _____

Name, address, Phone number and relationship of at least three or four adults who would know how to contact the youth at all times:

Adult Permanent Resource or Mentor

Name _____

Address _____

Phone _____

Relationship _____

Other Adult

Name _____

Address _____

Phone _____

Relationship _____

Other Adult

Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

MEDICAL INFORMATION

_____ Information updated

Medical insurance:

Private insurance from employer: _____

Medicaid Number: _____

MA 14 category at age 18: (effective date) _____

If the youth is eligible for MA 14 and does not have a Medicaid card, assistance must be given to help the youth obtain this service including helping them schedule an appointment and taking the youth to the Department of Family Resources office to apply.

Youth has an assigned primary care provider. ____ Yes ____ No Provider: _____

Chronic Medical problems _____

Education on pregnancy prevention provided ____ Yes ____ No

DOCUMENTS IN YOUTH'S POSSESSION

____ Information updated

____ Birth certificate
 ____ Social security card
 ____ School records
 ____ Medical records

____ State ID
 ____ Credit reports obtained
 Date completed _____

What steps are being taken to help the youth if a document listed above that is missing? _____

HOUSING, ROOM AND BOARD, MONTHLY COSTS

____ Information updated

Living arrangement: ____ Own Apt. ____ Roommate ____ Relative ____ Bio Parent (s) ____ Host Home
 ____ College Dorm ____ Friend (friend's family) ____ Spouse or partner ____ Other

DEPOSIT PAID	RENT & UTILITIES PAID	1 ST MONTH	2 ND MONTH	3 RD MONTH	4 TH MONTH	5 TH MONTH	6 TH MONTH
\$	Rent						
	Paid by agency:	\$	\$	\$	\$	\$	\$
	Paid by youth:	\$	\$	\$	\$	\$	\$
\$	Gas						
	Paid by agency:	\$	\$	\$	\$	\$	\$
	Paid by youth:	\$	\$	\$	\$	\$	\$
\$	Electric						
	Paid by agency:	\$	\$	\$	\$	\$	\$
	Paid by youth:	\$	\$	\$	\$	\$	\$
\$	Phone						
	Paid by agency:	\$	\$	\$	\$	\$	\$
	Paid by youth:	\$	\$	\$	\$	\$	\$

The 6th month is available for youth coming out of residential who may have greater difficulty locating employment initially.

What is the youth's plan to maintain their housing and pay their utilities when assistance is complete?

Has youth applied for Food Stamps? ____ Yes ____ No

If female parent, has she applied for WIC and TANF also? ____ Yes ____ No

If no, what is the plan to do so? _____

EMANCIPATION GOODS AND SERVICES

____ Information updated

Goods and or services approved and purchased:

Date purchased	Item purchased	Amount expended	Total Amount expended

EMPLOYMENT

____ Information updated

Employer: _____

Address: _____

Means of getting to and from work: _____

Shift/hours: _____

Number of hours per week: _____ Hourly wage: _____

Employment start date: _____

Previous employer: _____ Length of employment _____

If unemployed:

Is youth an SSI recipient? ____ Yes ____ No

Does the youth have a representative payee to manage their funds? ____ Yes ____ No

Any other source of income other than from work? ____ Yes ____ No

If unemployed and no other source of income, what is being done to assist the youth in finding employment?

- 1) Does the youth have an updated resume? _____
- 2) Are there plans for increasing job search skills? _____
- 3) Is the youth getting assistance in submitting applications and following up for interviews? _____
- 4) What are the youth's goals in this area? _____

Budget has been developed based on income and expenses. ____ Yes ____ No

W-9 received from all employers so youth can file taxes. ____ Yes ____ No

Youth assisted with filing for Earned Income Tax Credit if eligible.

EDUCATION AND TRAINING

____ Information updated

____ Currently attending high school ____ High school diploma ____ GED certificate

Does the youth have special training or educational needs, and if so how are they being addressed? _____

☐ **Enrolled in post-secondary education program**

☐ **Has the youth applied for ETV funding?**

School youth is attending _____

Has the youth received driver's education? ☐ Yes ☐ No

Does the youth have a driver's license? ☐ Yes ☐ No

Assisted youth in registering to vote? ☐ Yes ☐ No

Assisted male youth in registering for Selective Service? ☐ Yes ☐ No

NARRATIVE

Give a chronological account of activities conducted this month. Epecially address the tasks and goals which were planned for this month based on the results of the ACLSA. What progress was noted towards accomplishing the goals this month? If no progress was made, what is the plan to address the barriers to making progress. *Itemize collateral contacts as well as contacts with the youth.*

Goal:

Goal:

Signature of youth : _____ **Date:** _____

Signature of Preparer : _____ **Date:** _____